



MISSOURI DEPARTMENT OF HEALTH and SENIOR SERVICES  
SECTION FOR COMMUNICABLE DISEASE PREVENTION  
2005 CHILD CARE IMMUNIZATION STATUS REPORT

FOR OFFICE USE ONLY	
DATE RECEIVED	VALIDATION

REPORT PRESCHOOL-AGED CHILDREN ONLY  
DO NOT SEND IMMUNIZATION RECORDS

**This report must be sent to the Missouri Department of Health and Senior Services, Section for Communicable Disease Prevention, P.O. Box 570, Jefferson City, MO 65102, by January 15, 2005.**

As mandated by Missouri State Law, Section 210.003 RSMo, each administrator of a public, private, parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under his/her jurisdiction. The child care administrator shall make this report annually to the Department of Health and Senior Services, no later than **January 15, 2005**.

Immunization information is required in ten (10) categories: diphtheria, tetanus, pertussis (DTaP/DT); polio (OPV or IPV); hepatitis B (HB); *Haemophilus influenzae* b (Hib); measles, mumps, rubella (MMR); and varicella (VZV).

<b>Section I.</b> NAME OF FACILITY <input type="checkbox"/> INDICATE IF NAME CHANGE	ADDRESS (STREET, CITY, STATE, ZIP CODE) <input type="checkbox"/> INDICATE IF ADDRESS CHANGE	
ADMINISTRATOR/OWNER	COUNTY	FACILITY TELEPHONE NUMBER (       )

<b>THIS REPORT MUST BE RETURNED REGARDLESS OF THE NUMBER OF CHILDREN ENROLLED. Please check appropriate box and complete report accordingly.</b>  <input type="checkbox"/> If 10 or more preschool age children are enrolled, please complete Sections I, II, III and IV.  <input type="checkbox"/> If less than 10 preschool age children are enrolled, please complete Sections I, II and IV only.	<b>AGE GROUP</b> 0 thru 2 months..... 1 HB 3 thru 4 months..... 1 DTaP/DT, 1 Polio, 1 or 2 HB, 1 Hib 5 thru 6 months..... 2 DTaP/DT, 2 Polio, 2 or 3 HB, 1 or more Hib 7 thru 15 months..... 3 DTaP/DT, 2 Polio, 2 or 3 HB, 1 or more Hib 16 thru 59 months..... 4 DTaP/DT, 3 Polio, 1 MMR, 3 HB, 1 Varicella (Chickenpox), at least 1 Hib after 12 months of age 60 months to kindergarten entry..... 4 DTaP/DT, 3 Polio, 1 MMR, 3 HB, 1 Varicella (Chickenpox)
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		Section III.																												
Section II. PRE-SCHOOL AGE GROUPS	NUMBER ENROLLED	DTaP/DT						Polio (OPV/IPV)					Hib					MMR			Hepatitis B (HB)					Varicella (VZV)				Series Complete
		For each child, record only the highest number of doses received.						For each child, record only the highest number of doses received.					For each child, record only the highest number of doses received.								For each child, record only the highest number of doses received.					For each child, record vaccine dose or disease.				4 DTaP/DT, 3 Polio, 1+ Hib, 1 MMR, 3 HB, & 1 Varicella (or Chickenpox Disease)
		1	2	3	4+	Exempt Parental	Exempt Medical	1	2	3+	Exempt Parental	Exempt Medical	1	2	3+	Exempt Parental	Exempt Medical	1+	Exempt Parental	Exempt Medical	1	2	3	Exempt Parental	Exempt Medical	1	Disease	Exempt Parental	Exempt Medical	
		0 thru 2 months																												
3 thru 4 months																														
5 thru 6 months																														
7 thru 15 months																														
16 thru 59 months																														
60 months to kindergarten entry																														
TOTAL																														
Section IV. PREPARED BY (Please Print)													TITLE										DATE							

